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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.
Page 4 may be retained by the hospital or attending physician.

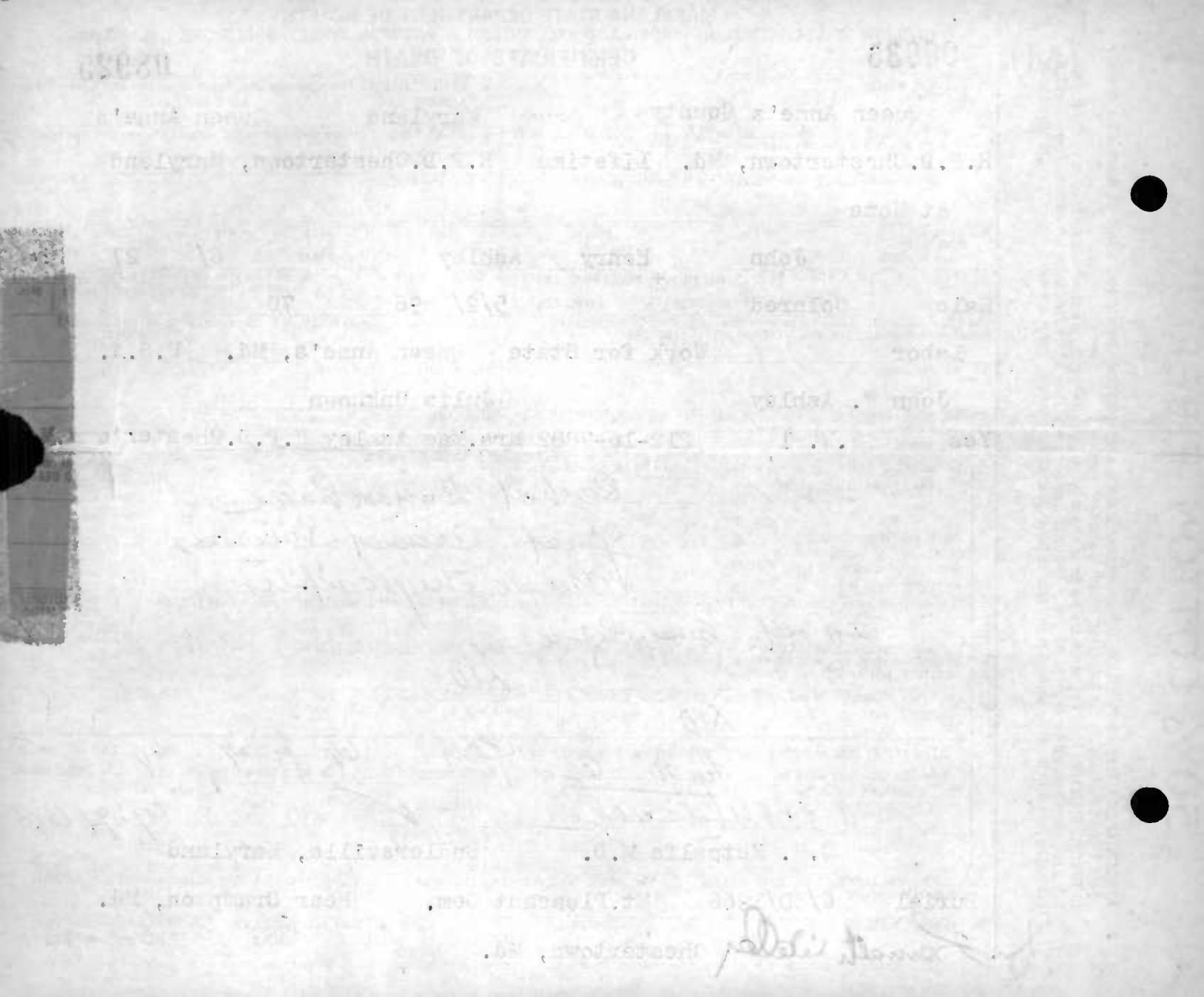
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

08935 118925

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)	
a. COUNTY Queen Anne's County Maryland		a. STATE Maryland Queen Anne's	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) R.F.D. Chestertown, Md.		c. LENGTH OF STAY IN 1b Lifetime	
c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) R.F.D. Chestertown, Maryland		d. STREET ADDRESS	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) At Home		e. IS RESIDENCE ON A FARM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)	First John	Middle Henry	Last Ashley
4. DATE OF DEATH	Month 6/	Day 27	Year 1966
5. SEX	6. COLOR OR RACE Male Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH 5/2/1896
9. AGE (In years last birthday) 70 yrs.	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	10b. KIND OF BUSINESS OR INDUSTRY Work for State	11. BIRTHPLACE (County & State, or foreign country) Queen Anne's, Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME John W. Ashley		
14. MOTHER'S MAIDEN NAME Julia Unknown	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 16. SOCIAL SECURITY NO. (If yes give war or dates of service) W.W. I 17. INFORMANT Mrs. Mae Ashley Address R.F.D. Chestertown, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4221 Cconditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. 4221 DUE TO (b) DUE TO (c) Cerebral Hemorrhage Grand Arterial Sclerosis Diabetes Mellitus			
INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Quail hunting			
19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 110	
20c. TIME OF INJURY	Month, Day, Year Hour a.m. p.m. 19	20d. INJURY OCCURRED Not White at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from Jan 20 1966 to Jan 27 1966 that (I) (we) last saw the deceased alive on Jan 20 1966 and that death occurred at M. from the causes and on the date stated above.	22b. DATE SIGNED 4/29/66		
22a. SIGNATURE C. H. Metcalfe M.D.	M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	22d. ADDRESS Sudlersville, Maryland	
22c. PHYSICIAN'S NAME (Type) C. H. Metcalfe M.D.	23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 6/30/1966 23c. NAME OF CEMETERY OR CREMATORIUM Mt. Pleasant Cem. 23d. LOCATION (City, town or county) (State) Near Grumpton, Md.		
24. FUNERAL DIRECTOR Kenneth Weller	ADDRESS Chestertown, Md.	25a. REC'D BY REGISTRAR JUL 7 1966	25b. REGISTRAR'S SIGNATURE Charles Judge



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH a. COUNTY Queen Anne		2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester		b. COUNTY Queen Anne	
c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chester	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Harrison	First	Middle	Last
4. DATE OF DEATH	Month	Day	Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 21, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired State Employee		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80 yrs.
11. BIRTHPLACE (County & State, or foreign country) Chester, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Henry Harrison Hopkins		14. MOTHER'S MAIDEN NAME Mary Elizabeth Atwell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)		16. SOCIAL SECURITY NO. 213-16-4702	17. INFORMANT Address Wm. Thomas--Chester, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]			
PART I. DEATH WAS CAUSED BY: acute Coronary occlusion			
IMMEDIATE CAUSE (a) 4201 DUE TO (b) Arteriosclerosis			
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) hypertensive arteriosclerotic heart disease			
DUE TO (c) 4 years			
INTERVAL BETWEEN ONSET AND DEATH June 5, 1966 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) B
20f. (City or town) (County) (State)		21. I certify that (I) (this hospital) attended the deceased from March 10, 1961, to June 5, 1966, that (I) (we) last saw the deceased alive on June 4, 1966, and that death occurred at 2157 M, from the causes and on the date stated above.	
22a. SIGNATURE Theodore Sattelmaier		22b. DATE SIGNED June 6, 1966	
22c. PHYSICIAN'S NAME (Type) Theodore Sattelmaier		22d. ADDRESS Stevensville, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF June 7	
23c. NAME OF CEMETERY OR CREMATORIAL ADDRESS Stevensville		23d. LOCATION (City, town or county) (State) Stevensville, Maryland	
24. FUNERAL DIRECTOR Edgar L. Lane		25a. REC'D BY REGISTRAR JUN 21 1966	
25b. REGISTRAR'S SIGNATURE Charles Judge			

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

08937

118927

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY <i>Queen Anne's</i>	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE <i>Maryland</i>	b. COUNTY <i>Queen Anne's</i>					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Suddersville</i>	c. LENGTH OF STAY IN 1b <i>8 mos. 5 days</i>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Centreville</i>	d. STREET ADDRESS <i>307 N. Commerce</i>					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <i>Miss Kitty's Nursing Home</i>	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) <i>Myrtle Cornman</i>	First <i>Myrtle</i>	Middle <i>Cornman</i>	Last <i>Lewis</i>	4. DATE OF DEATH <i>June 27 1966</i>	Month <i>June</i>	Day <i>27</i>	Year <i>1966</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>October 14, 1884</i>	9. AGE (In years last birthday) <i>81 yrs.</i>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Wife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (County & State, or foreign country) <i>Montgomery Co. Penn.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Henry Dennis Cornman</i>	14. MOTHER'S MAREN NAME <i>Mary Worrell</i>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>214-32-7321</i>	17. INFORMANT <i>Mrs. Thomas Dodd, Suddersville, Maryland</i>	Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]					INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i>			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>1538</i>					Circinaria Coloni			
Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) (c)					DUE TO			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Arterosclerosis - Hypertensive Cardiovascular disease</i>					DUE TO			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. <i>19</i>					20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <i>May 10, 1966</i> , to <i>June 27, 1966</i> , that (I) (we) last saw the deceased alive on <i>June 26, 1966</i> , and that death occurred at <i>1 PM</i> , from the causes and on the date stated above.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
22a. SIGNATURE <i>C.R. Layton</i>					22b. DATE SIGNED <i>June 28, 1966</i>			
22c. PHYSICIAN'S NAME (Type) <i>C.R. Layton</i>					M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS <i>Centreville, Md</i>			

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE THEREOF <i>June 29, 1966</i>	23c. NAME OF CEMETERY OR CREMATORIAL <i>Chesterfield Cemetery</i>	23d. LOCATION (City, town or county) (State) <i>Centreville, Maryland</i>
24. FUNERAL DIRECTOR <i>Jerry D. Battin, Battin Bros., Centreville, Maryland</i>	ADDRESS <i>Centreville, Maryland</i>	25a. REC'D BY REGISTRAR <i>JUN 30 1966</i>	25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND												08928		
CERTIFICATE OF DEATH														
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)											
a. COUNTY <u>QUEEN ANNE'S</u>			a. STATE <u>MARYLAND</u> b. COUNT <u>QUEEN ANNE'S</u>											
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) <u>RURAL QUEENSTOWN</u>			c. LENGTH OF STAY IN 1b <u>36 yrs.</u>											
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)														
3. NAME OF DECEASED (Type or print) <u>Thomas</u>			First	Middle	Last	4. DATE OF DEATH <u>6 22 1966</u>	Month	Day	Year	e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
5. SEX <u>MALE</u>			6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 5, 1884</u>	9. AGE (in years last birthday) <u>82 yrs.</u>	10. KIND OF BUSINESS OR INDUSTRY <u>SELF employed</u>	11. BIRTHPLACE (County & State, or foreign country) <u>DALLAS, DALLAS CO., TEXAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13. FATHER'S NAME <u>Thomas Lafayette MARSALIS</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Josephine CROWDUS</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) <u>YES WWI</u>			16. SOCIAL SECURITY NO. <u>220-32-0100</u> 17. INFORMANT <u>Thomas M. LUCKE, Valley Forge, Pa.</u>											
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>4200</u> Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last. (b) (c)			Address <u>Box 443</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u>											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) <u>Arteriosclerotic Heart Disease</u>														
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>While at work</u>											
20c. TIME OF INJURY Month, Day, Year Hour a.m. <u>19</u> p.m.			20d. INJURY OCCURRED While <input type="checkbox"/> Not While <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>56</u>			20f. (City or town) (County) (State)					
21. I certify that (I) (this hospital) attended the deceased from <u>Jan 56</u> to <u>6/22 1966</u> , that (I) (we) last saw the deceased alive on <u>6/21 1966</u> , and that death occurred at <u>56</u> M, from the causes and on the date stated above.			22b. DATE SIGNED <u>6-24-66</u>											
22a. SIGNATURE <u>S. KRECH, JR.</u>			M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS <u>EASTON, Md.</u>											
22c. PHYSICIAN'S NAME (Type) <u>S. KRECH, JR.</u>			23a. BURIAL, CREMATION, REMOVAL (Society) <u>BURIAL</u> 23b. DATE THEREOF <u>JUNE 25, 1966</u> 23c. NAME OF CEMETERY OR CREMATORIUM <u>Old Wye Cemetery</u> 23d. LOCATION (City, town or county) (State) <u>Wye Mills, Maryland</u>											
24. FUNERAL DIRECTOR <u>James A. Bartley, Bartley Bros., Centerville, Md.</u>			25a. ADDRESS <u>ADDRESS</u> 25b. REG'D BY REGISTRAR <u>JUN 28 1966</u> 25c. REGISTRAR'S SIGNATURE <u>g. Charles Judge</u>											
VR AI 5 (4) 2DM 1/65														

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

108929

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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1. PLACE OF DEATH a. COUNTY <i>Queen Anne</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Maryland</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Stevensville</i>		b. COUNTY <i>Queen Anne</i>	
c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Stevensville</i>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS <i>17-1</i>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. DATE OF DEATH Month <i>June</i> Year <i>73</i>	
3. NAME OF DECEASED (Type or print) <i>Cornelius</i>		4. DATE OF DEATH Month <i>June</i> Year <i>66</i>	
First <i>Cornelius</i> Middle <i>Sewell</i> Last		5. SEX <i>Male</i>	
6. COLOR OR RACE <i>Colored</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <i>June 9-1884</i>		9. AGE (In years (<i>82</i> birthday) yrs.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farm Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (County & State, or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>James Sewell</i>		14. MOTHER'S MAIDEN NAME <i>Mary Saunders</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>220-26-1243</i>	
17. INFORMANT <i>Mrs. Daisy Sewell - Stevensville, Md.</i>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Prostate + Metastases</i>		8 yrs.	
1978 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a.m. <i>19</i> p.m.		20d. INJURY OCCURRED Whila <input type="checkbox"/> Not Whila <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from <i>1951</i> , to <i>June 1966</i> , that (I) (we) last saw the deceased alive on <i>June 12, 1966</i> , and that death occurred at <i>10 AM</i> , from the causes and on the date stated above.		22b. DATE SIGNED <i>6/14/66</i>	
22a. SIGNATURE <i>Irvin G. Hoyt</i>		M.D. ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>	
22c. PHYSICIAN'S NAME (Type) <i>Irvin G. Hoyt</i>		22d. ADDRESS <i>Queenstown, Maryland</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE THEREOF <i>June 16</i>	
23c. NAME OF CEMETERY OR CREMATORIAL <i>Wesley Church Yard</i>		23d. LOCATION (City, town or county) <i>Stevensville, Maryland</i>	
24. FUNERAL DIRECTOR'S SIGNATURE <i>Edgar L. Dane</i>		ADDRESS <i>Church Hill, Md.</i>	
25a. REC'D BY REGISTRAR DATE <i>JUN 21 1966</i>		25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>	

